



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the  
Report: Michael Craig

Email Address: mlcraig@bloomingtonhospital.org

Medicare Provider Number: 15-0051

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$361212968
Outpatient Patient Service Revenue	\$410079088
Total Gross Patient Service Revenue	\$771292056

2. Deductions From Revenue

Contractual Allowance	\$353703347
Other Deductions	\$42805713
Total Deductions	\$396509060

3. Total Operating Revenue

Net Patient Service Revenue	\$374782996
Other Operating Revenue	\$13984883
Total Operating Revenue	\$388767879

4. Operating Expenses

Salaries and Wages	\$130566949	Employee Benefits	\$42603461
Depreciation and Amortization	\$17779029	Interest Expense	\$1934847
Bad Debt	\$19101109	Other Expenses	\$126165396
Total Operating Expenses	\$338150791		

### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$50617088	Total Assets	\$385876639
Net Non-operating Gains over Loss	\$13711385	Total Liabilities	\$120911598
Total Net Gains	\$64328473		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$347263753	\$239386176	\$107877577
Medicaid	\$84013808	\$57881484	\$26132324
Other Government	\$0	\$0	\$0
Other State	\$11519734	\$8662136	\$2857598
Other Payers	\$328494761	\$109680372	\$218814389
Total	\$771292056	\$415610168	\$355681888

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$411065	\$-411065

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4400	\$430299	\$-425899

Hospital Patients	\$0	\$185220	\$-185220
Community Education	\$742	\$434552	\$-433810

Number of Medical Professionals Trained	3539
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	101199

Statement Six: Charity Statement

Hospital Charity Charges	\$42805713
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$15421785	
HCI Payments	\$0		
Subtotal	\$0	\$15421785	\$-15421785
Medicaid Shortfalls	\$33117195	\$45002038	
Subtotal	\$33117195	\$60423823	\$-27306628
DSH Payments	\$0		
Subtotal	\$33117195	\$60423823	\$-27306628
Medicare Shortfalls	\$96203275	\$122829490	
Other Government Programs	\$2857598	\$3383351	
Total	\$132178068	\$186636664	\$-54458596

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3579859	\$8163446	\$-4583587
Community Assessment	\$0	\$401784	\$-401784
Provision of Taxes	\$0	\$-14746	\$14746
Other Allocations	\$0	\$9307	\$-9307

